

An Essay  
- on -  
Rubeola

Respectfully submitted to the Faculty of the

Homoeopathic Medical College  
of  
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- by -

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... of ...

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## Rubcola

The arabian writers were the first to give any acct. of this disease.

Rhazes gave a distinct name in the ninth century.

Measles and scarlet fever were long confounded as one and the same disease.

Rubcola is a febrile disorder of a contagious character, characterized by having a rash and catarrhal symptoms accompanying it.

It usually prevails as an epidemic, and for the most part attacks children; although no age is exempt, unless the persons has been previously affected. There are exceptions to this rule recorded by some of the authors of the day, cases of a second attack having been met with, but these are depart-



ures from the general rule-

Symptoms. Measles frequently commence with a feeling of lassitude, slight chills, pains in the bones, want of appetite, a coated tongue, hot and dry skin, pulse more or less accelerated, and all the symptoms of fever.

This fever is said to approach in character a synochal.

In conjunction with the above named symptoms, and in some cases preceding them, there will be considerable irritation of the mucous membrane lining the air passages, and of the conjunctiva.

There will be a dry hoarse cough, the voice husky, slight ~~sores~~ throat-perhaps, tightness in the chest and dyspnoea.



The eyes will be vascular, and watery, great intolerance of light; the lids heavy and red. There will be considerable sneezing with a flow of mucus from the nose.

The stomach often gives trouble on account of its great irritability, causing the patient to vomit a good deal, and suffer pain in the epigastric region. Also bleeding from the nose is not unfrequent along with the other symptoms.

In young children convulsions are frequent: especially during the teething period.

The bowels are frequently constipated, but just the opposite happens often.

The symptoms vary greatly in sever-



ity, they may go on increasing in violence, for two or three days, and then remit to come on again upon the appearance of the rash.

The rash generally comes out on the fourth day from the appearance of the catarrhal symptoms; though this period varies, it may be as long as the eighth day in making its appearance.

It does not often anticipate the time above mentioned.

"If the fauces be examined upon the third day, they will be found to have a punctuated redness."

The rash first appears as small red spots, or rather points, said to resemble flea-bites, which disappear under pressure.

As these increase in number they form



themselves into clusters of a crescent-  
-ic shape, between these the skin gen-  
-erally presents about its normal appear-  
-ance.

Externally the eruption appears upon  
the face, then upon the neck, trunk  
and superior extremities, thence to  
all the other parts of the body.

If the hand be passed over the sur-  
face of the skin, there will be a  
distinct-roughness will be felt.

It is stated by some authors that  
there is often a papular eruption  
mingled with the rash.

The time occupied for the full com-  
pletion of this stage is not always  
constant, I think the average is from  
two to three days.

The amount of the eruption varies in



different cases, sometimes consisting of only a few spots scattered over the surface.

The rash is much brighter when the fever is high than when it is low. The eruption usually remains out about four days. It leaves the surface in the same order that it made its onset.

The parts from which the rash has disappeared are covered with a dry scurf that crumbles, and has much the appearance of wheat bran.

As the desquamation goes on all of the symptoms should decline with it. The cough becomes easy and the expectoration thick and more opaque, respiration easy &c.

The patient will now often complain



of the itching, and in irritable subjects  
causes a good deal of scalding.

This stage takes as long as five days  
in some instances.

Frequently we do not have this stage  
terminating kindly; the pectoral sympt-  
oms instead of getting better increase  
in violence, causing pneumonia and  
bronchitis.

We also often have a very difficult case  
of ophthalmia so that-

Stomatitis is also a frequent trouble es-  
pecially when the weather is warm,  
this need give no alarm if the sympt-  
oms be not very violent; and then the  
proper remedies will generally act  
promptly.

The diseases above mentioned often do  
occur as complications, and add much



to the danger.

Measles may be of a malignant character. This state may arise from the system being depraved, or on a pyphoid condition; also the epidemic may be peculiar.

We also have what are known as Spurious measles (*Rubella spuria*) here the eruption is similar to measles, but the catarrhal symptoms and fever are absent.

The eruption, as previously stated, has varieties, in some cases appearing late others in which it appears earlier than usual, or disappears suddenly after it has come out and everything appears to be doing well.

These are complications that put a grave character upon this otherwise



mild complaint—

They may arise from various causes, perhaps the most prominent are exposure to a sudden change in the temperature of the apartment, or to gastric trouble—

We also have the brain affected, and in children this must be particularly watched.

These are a few of the abnormal symptoms and complications of measles. It is not my intention to give much account of them.

Diagnosis. The diagnosis of measles is not as a general thing a very difficult matter. Prevailing as an epidemic the physician is generally on the alert, and is prepared to meet it—

On the first day of the rash it has



(The little points have) much the appearance of the incipient-pimples of small pox.

The two diseases most liable to be confounded with measles are small-pox and scarlet-fever -

In the latter disease, the catarrhal symptoms if present at all, do not occur till late in the disease, much later than in measles.

Also in scarlet-fever the throat symptoms are much more violent, than they are in measles.

The color of the rash also differs, that of measles being compared to the hue of the raspberry, while that of scarlet-fever resembles that of a boiled-lobster. The eruption is not a safe guide until it is at least a day old.



The early appearance of the eruption in scarlet-fever is another diagnostic mark of importance.

The skin also is more generally red in the fever than in measles.

With regard to the small-pox, I think there can be but little trouble.

The fever passes off on the appearance of the rash. This rash is much more prominent in variola than it is in rubella, the pimples feeling like shot under the fingers.

The confluent form of small-pox would be an exception to the rule with regard to the fever.

Pathology. When measles prove fatal from the uncomplicated disease, nothing is found but a general congestion of the internal organs, especially of the



mucous membrane.

Prognosis. The prognosis of measles may be said to be favorable.

The complications alter it according to their character and severity.

The constitution of the patient has much to do also with the prognosis. It is stated that in persons of a scrofulous diathesis, measles frequently cause pulmonary consumption.

Treatment. The patient should be placed in bed, and the temperature of the apartment made to suit his wishes.

Great care should be taken that he be not exposed to cold. The tendency to bronchial and pulmonary inflammation renders caution in this respect necessary.



Children especially require care; as they are apt to be restless and throw off the coverings.

The amount of light should also be attended to.

Aconitum. This remedy has been thought by many as being almost a specific alone in the simple form of measles.

It is indicated when the fever is high, with headache, eyes congested with great intolerance of light, and a good deal of weakness and prostration. As long as the disease progresses along well I should give no other medicine.

Aconite would also be proper, when there is pneumonia, croup, or gastric trouble with the fever.



Pulsatilla. Next to aconite in point of importance stands pulsatilla. When the catarrhal symptoms are prominent, or the rash is slow in making its appearance, or the gastric symptoms are severe it will be appropriate.

Pulsatilla is considered a prophylactic by many.

Belladonna. This remedy is to be used when the throat-symptoms are severe; or when the nervous system is excited. When there is a short dry cough great thirst and a hot dry skin. It is also recommended when there is a retrocession of the eruption after it has been out a day or two.



Bryonia. We employ bryonia when the pectoral symptoms are marked, such as stitches in the chest, respiration difficult and painful, pains in the limbs &c.

Bryonia is also of much use in case of retrocession of the rash; causing it to reappear, or rendering it harmless.

Ipecacuanha. This medicine would be thought of, when the gastric symptoms are prominent, a coated tongue, nausea and vomiting, the cough dry, and general feeling of depression.

Arsenicum. Arsenic is to be used generally in the latter stage of the complaint. The indications are, pale and puffed face, shooting burning pains in the eyes, or burning pains



in the epigastric region, It is also  
often of service in the diarrhoea -

When typhoid symptoms come on  
with a good deal of prostration -

Cuprum. Acet. When there is re-  
cession of the rash, with metastas-  
is to the brain, with a general cold-  
ness of the surface, with a small  
weak irregular pulse and convulsions &c.  
Cuprum - is the best remedy I  
know of -

Mercurius. We use mercury, when  
there is considerable enlargement  
of the glands, salivation, coated tongue  
sore throat &c., also considerable chilli-  
ness. For the ulcers that sometimes  
appear in the mouth and throat  
mercurius will be almost a specific.

Sulphur. This remedy is of great import.



ance both in the treatment of the disease  
and in the sequelae -

It is of great service when there are dis-  
charges from <sup>the</sup> ears, weak eyes and chron-  
ic coughs &c.

When there is a seropulous diathesis.  
and the eruption is slight, with pain  
and a paralytic weakness of the limbs -  
Also as an adjuvant during the whole  
course of the disease.

Hellebore. This is to be used when there  
are symptoms of effusion <sup>in</sup> the brain.  
Rhus. Tox. If ~~the~~ process of decomposi-  
tion should appear, as indicated by  
foul discharges from the bowels, livid  
color of the skin, fading away and  
unhealthy character of the eruption  
it ~~shall~~ should be used.

Chamomilla. is of use for the great-ust.



.lessness.

There are numerous other remedies that will have to be used in certain cases, but I think those mentioned will control the greater number of cases - For the itching, before mentioned, a little fish-lard may be rubbed over the skin -

The diet should be mild, the farinaceous articles being the best suited - The patient may be allowed to drink cold water in moderation, but the side of the glass should not be allowed to touch his lips, as too great care cannot be taken with regard to cold -

The stage of incubation lasts from ten to fourteen days -